

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. G.		2/16/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	OR	71000	2/11
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/08
2	✓	✓	11/30/01
3	✓	✓	
4	✓	✓	
5	✓	✓	
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7	✓	✓	
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If more than 150 claims or 10 actions  
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